

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<i>Maricopa</i>	BUREAU OF VITAL STATISTICS	State Index No. ....
District	<i>Phoenix</i>	ORIGINAL CERTIFICATE OF DEATH	County Registered No. <i>474</i>
Town	<i>4 mi. N. on Centre + 1 mi. E.</i>		Local Registrar's No. <i>3254</i>
Or City	<i>Camel Back Road</i>		
No. .... (If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)			
FULL NAME <i>George A. Pointer</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <i>Male</i>	Color or Race <i>White</i> <del>Black</del> <del>Chinese</del> <del>Mexican</del>	DATE OF DEATH <i>June 4</i> 191 <i>4</i> (Month) (Day) (Year)	
DATE OF BIRTH <i>Oct 10</i> 18 <i>41</i> (Month) (Day) (Year)		I hereby certify, that I attended deceased from <i>May 10</i> 191 <i>4</i> to <i>June 3</i> 191 <i>4</i> ; that I last saw h. <i>alive</i> on <i>June 3</i> 191 <i>4</i> and that death occurred on the date stated above at <i>2 P.M.</i> The DISEASE or INJURY causing Death was as follows: <i>Chronic interstitial nephritis</i>	
AGE <i>72</i> yrs. <i>7</i> mos. .... days If less than 1 day, .... hrs., or .... min.			
OCCUPATION (a) Trade, profession or particular kind of work. <i>Farmer</i> (b) General nature of industry, business, or establishment in which employed or (employer) .....			
BIRTHPLACE (State or country) <i>Illinois</i>			
PARENTS	NAME OF FATHER <i>Wm. E. Pointer</i>	Was disease contracted in Arizona? <i>No</i>	
	BIRTHPLACE OF FATHER (State or country) <i>Kentucky</i>	If not, where? <i>Do not know</i>	
	MAIDEN NAME OF MOTHER <i>Elizabeth Morrison</i>	CONTRIBUTORY .....	
	BIRTHPLACE OF MOTHER (State or county) <i>Kentucky</i>	(Duration) .... yrs. .... mos. .... days (Signed) <i>Al. H. Jones</i> 191... (Address) <i>Phoenix, Ariz</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Ada H. Pointer</i> (Address) .....		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE At place of death <i>1</i> yrs. <i>9</i> mos. <i>14</i> ds. In Arizona <i>1</i> yrs. <i>9</i> mos. .... ds. Former or Usual Residence <i>Wyoming</i> Filed <i>6/5</i> 191 <i>4</i> <i>E. S. Hughes</i> Filed <i>7/7</i> 191 <i>4</i> <i>Ada Hughes</i> Local Registrar County Registrar	
PLACE OF BURIAL OR REMOVAL <i>Greenwood</i>	DATE OF BURIAL OR REMOVAL <i>June 5</i> 191 <i>4</i>		
UNDERTAKER <i>Moore &amp; McEllan</i>	ADDRESS .....		